

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>165</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>674</u>
Town of <u>Globe</u>			Local Registrar No. _____
or _____			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Mina Louise Shafer</u>			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births. <u>2</u>	4. Twin, triplet or other. <u>2</u>	5. Legitimate? <u>yes</u>
6. No., in order of birth <u>2</u>		7. Date of birth <u>Aug. 23, 1924</u>	
8. FATHER		14. MOTHER	
Full name <u>James William Shafer</u>		Full maiden name <u>Orinda Eugenia Oglesby</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>		15. Residence (Usual place of abode) <u>Globe, Ariz.</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>22</u> (Years)		17. Age at last birthday <u>18</u> (Years)	
12. Birthplace (city or place) <u>Granite</u>		18. Birthplace (city or place) <u>Eldorado</u>	
(State or country) <u>Oklahoma</u>		(State or country) <u>Arkansas</u>	
13. Occupation		19. Occupation	
Nature of industry <u>miner</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>6</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>4 p.</u> on the date above stated.			
(Born alive or stillborn.)			
Signature <u>T. C. Harper, M.D.</u>		(Physician or midwife)	
Address <u>Globe, Ariz.</u>			
Given name added from _____			
a supplemental report _____			
Month, day, year. _____		Filed <u>9-8</u> 19 <u>24</u>	
Registrar. _____		County Registrar. <u>W. J. Shaw</u>	

529-823-668